

To: Carey Brodzinski FNP-C MSN APRN

IMPORTANT NOTE: When answering these questions, please do not take into consideration any ameliorative effects of mitigating measures, such as medications, medical supplies, equipment or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; use of assistive technology; reasonable accommodations or auxiliary aids or services; or learned behavioral or adaptive neurological modifications.

1. Does Ms. Walker have a physical or mental impairment?

☒ Yes

☐ No

If so, please state the type of impairment:

Anxiety - was extremely  
increasing anxiety due PTSD related to past work environment  
with terrible response to daily anxiety

2. Does Ms. Walker's impairment substantially limit any major life activities?

☐ Yes

☒ No

If so, which major life activity or activities are limited?

3. For each major life activity that is limited by the impairment, please describe how Ms. Walker is restricted as to the condition, manner, or duration under which that activity can be performed, as compared to the way in which an average person in the general population can perform that activity:

No specific limitations except for part time  
hours initially and then increase to full time  
over a 4-6 week period

4. What is the duration or expected duration of Ms. Walker's impairment?

Not applicable

5. Attached is a job description for Ms. Walker's position. Please review the job description and assess whether Ms. Walker can perform all the essential job functions. Please note that item #2, 4, and 7 are not essential job functions:

☐ Yes

☐ No

Job description not attached.

If your answer above is "no," which job functions cannot be performed, and why not? \_\_\_\_\_

6. Please note that earlier documentation from Ms. Walker's physician indicated that Ms. Walker was "unable to interact with other employees" - is she now able to interact effectively with other employees?

☒ Yes

☐ No

If not, please explain: \_\_\_\_\_

7. Per your 11/16/09 note and correspondence from Ms. Walker, Ms. Walker has indicated her desire to return to work three (3) days/twelve (12) hours per week, beginning on December 8, 2009 and then resume full-time duties "a few weeks" thereafter. Is this schedule one that you recommend and approve?

☒ Yes

☐ No

8. Please describe any other reasonable accommodations that would allow this employee to be able to perform the essential job functions:

Recommend placement of door separating  
Family Division and District Court. due to  
past issues with coworker. Lisa Toule.

9. Would performing any of the job functions listed result in a direct safety or health threat to this employee or other people (co-workers, members of the general public, etc.?)

☐ Yes

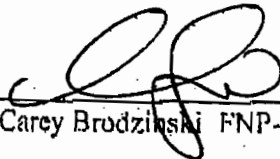
☒ No

10. If yes, please describe:

- Which job function(s) would pose such a threat: \_\_\_\_\_

- The direct safety or health threat posed: \_\_\_\_\_

- Any reasonable accommodations that would eliminate the direct safety or health threat, or reduce it to an acceptable level: \_\_\_\_\_

  
Carey Brodzinski FNP-C MSN APRN

12/09/09  
Date